

Serial No. 09/660,373
Art Unit No. 2173

REMARKS

Claims 1-25 and 27-37 are currently pending in the patent application. Applicants again request confirmation of withdrawal of the objections to Claims 4, 23, and 37. The Examiner has rejected Claims 1-25 and 27-37 under 35 USC 102 as being anticipated by the Ballantyne patent. For the reasons set forth below, Applicants respectfully assert that all of the remaining claims are patentable over the Ballantyne patent.

The Ballantyne patent teaches a medical records management system including at least a master library (ML) wherein patient records are stored and a nursing station to which patient records can be downloaded for temporary storage. When a patient is admitted to a room which is attended to by the nurses at the nursing station, that patient's medical records are accessed from the master library and are temporarily stored at the nursing station. When patient status is updated, using either the input devices at the nursing station or a PDA at the patient's bedside, the information is used to update the medical record at the nursing stations. After the patient has been

CH919990045

-13-

Serial No. 09/660,373

Art Unit No. 2173

discharged, the updated medical record is returned to the master library. The master library will either replace the old record with the updated medical record or will store both the old and the updated records (Col. 13, lines 13-20). Ballantyne does not teach or suggest that electronic data stored at a portable device can be automatically updated using a digital stream transmitted to the portable device. The master library does not communicate information directly to a PDA. Moreover, Ballantyne provides no teaching of suggestion of providing input to the master library (specifically no display, no user interface, etc.) for transmission to the nursing station or PDA. The master library cannot provide updates; it simply supplies a stored record and then replaces that stored record with the updated version which is sent via hardwired connection from the nursing station. Ballantyne also teaches that patient health cards can be inserted to a PDA for use at the patient's bedside. The information on the health cards is static and is not the same medical record as that information stored at the master library.

CH919990045

-14-

Serial No. 09/660,373
Art Unit No. 2173

In contrast to Ballantyne, the present invention teaches and claims a system and method whereby a storage medium at a portable device receives a digital signal and updates electronic data stored therein with the received digital signal information. Applicants respectfully assert that the invention as claimed is neither taught nor suggested by the Ballantyne patent. For a patent to anticipate another invention under 35 USC § 102, the patent must clearly teach each and every claimed feature of the anticipated invention. Since the Ballantyne patent clearly does not teach the system components (i.e., CPU and storage) as claimed or the method steps for receiving, processing and updating as claimed, it cannot be maintained that the Ballantyne patent anticipates each and every claim feature.

The Examiner has cited the Ballantyne teachings found at Col. 4, lines 1-47 against the claimed CPU at the portable device. What is taught therein is the master library storage and compression. The cited teachings do not describe a CPU for processing digital signal information. The Examiner has next cited the teachings found at Col. 6, lines 20-57 against the claimed storage medium at the portable device for storing electronic data for selective

CH919990045

-15-

Serial No. 09/660,373
Art Unit No. 2173

on-demand viewing by authorized users. What is taught by Ballantyne in the cited passage is storage of medical records at the master library. The Examiner fails to cited any Ballantyne teachings against the display and user interface at the portable device, since Ballantyne does not teach that the master library has those components. With regard to the digital audio broadcast receiver, the Examiner has cited the teachings found in Col. 5 at lines 1-67. What is taught therein is that the Ballantyne system has network channels, of 6 MHz bandwidth each, from the master library to the various hardwired networked components for sending video, etc. There is nothing in the cited passage which indicates that the master library has a digital audio receiver, let alone that it receives digital audio signals and updates stored electronic data using those signals. Applicants accordingly conclude that the Ballantyne teachings do not anticipate the invention as claimed.

With regard to Claim 2, the Examiner cites Col. 3, lines 65-67. Applicants respectfully assert that the cited passage makes no mention of an electronic book.

With regard to Claim 3, the Examiner cites a passage which teaches the opposite of what is claimed. While the

CH919990045

-16-

Serial No. 09/660,373

Art Unit No. 2173

claim recites the portable device using digital audio signals to updates data stored therein, Ballantyne teaches that all updates are made at the PDA or nursing station. Moreover, the updates are not communicated to the master library in a digital audio signal; they are made to a local record which is later uploaded via hardwired connections to replace an entire medical record stored at the master library.

With regard to Claim 4, Ballantyne simply does not teach or suggest a display at the master library.

With regard to Claim 5, the Ballantyne health cards, which can be inserted into the PDA at the patient's bedside, there is nothing in Ballantyne which teaches or suggests that the smart cards be used for paying for broadcasts to the PDA!

With regard to Claim 6, no broadcast channel is taught by Ballantyne. Rather, Applicants respectfully assert that such would render the Ballantyne system unworkable.

With regard to Claims 7 and 8, Applicants direct the examiner's attention to Col. 10, line 58-Col. 11, line 11 of Ballantyne. It is clear from that description of the use of

CH919990045

-17-

Serial No. 09/660,373
Art Unit No. 2173

smart health cards that Ballantyne is not teaching the invention as claimed.

With regard to Claim 9, there is no teaching of decryption keys associated with the Ballantyne health cards, nor of metered access to broadcasts based on keys stored on cards. Ballantyne separately teaches health cards storing patient data and selective access to separate medical records stored by the master library. There is no Ballantyne teaching connecting the two. Moreover, when a patient does request something, such as television viewing, there are no teachings that the patient's health card bears restriction information.

With regard to Claims 10-11, Ballantyne does not teach or suggest a counter with regard to the health cards.

With regard to Claim 12, the Examiner cites Figs. 6-11A. However, if the Examiner is analogizing the electronic device to the master library, Applicants fail to understand what entity serves as the broadcast server. Moreover, Applicants have already established that Ballantyne teaches the exact opposite (i.e., teaches away) from the invention as claimed.

CH919990045

-18-

Serial No. 09/660,373
Art Unit No. 2173

With regard to Claim 13, Applicants assert that the cited teachings from Col. 6, lines 32-67 detail connections, but do not teach or suggest dynamically changing channel configurations adapted to the media being transmitted.

Similarly, with regard to Claim 14, the cited passage from Col. 16, lines 22-67 teaches selective compression of data to be transmitted and distribution along an appropriate channel. That is not the same as, nor suggestive of, dynamically changing the channel configuration.

With regard to Claim 15, the Ballantyne user access verification is not the same as the claimed automatic detecting of content identifiers and screening use thereof for selective downloading. Ballantyne downloads entire medical records but restricts views based on access layers (i.e., entry of multiple Ids). Ballantyne does not detect and use signal-based content identifiers to restrict downloads.

With regard to Claim 16, there is nothing in Ballantyne which teaches or suggests scanning for specific content. Applicants respectfully assert that searching a database (i.e., the master library) cannot be analogized to the dynamic signal processing which is taught and claimed.

CH919990045

-19-

Serial No. 09/660,373
Art Unit No. 2173

With regard to Claims 17-19, Applicants refer the Examiner's attention to the arguments presented above with regard to the parallel claims.

With regard to Claims 20-22, the cited passage from Col. 8, lines 1-64 details access with ID number entry, as noted above, but not with smart cards. Moreover, as argued earlier, the health cards of Ballantyne are not described as having any encoded restrictions, keys, access limitations, etc.

With regard to Claim 23, Applicants again argue that the claim language expressly recites storage at a portable location, receiving a digital audio broadcast at the portable location, decoding and updating stored information at the portable location. Ballantyne not only does not teach the claim features, but teaches away from them. The cited passage from Col. 14, lines 5-67 describes that the PDA gets information from an inserted health card and, if needed, also gets records from the nursing station. However, the PDA does not receive any updates via digital audio signals. The only updates which a PDA receives are input by a user of the PDA.

CH919990045

-20-

Serial No. 09/660,373
Art Unit No. 2173

The remaining claims' rejections rely on earlier presented rejections. Accordingly, Applicants also rely on the arguments presented above with regard to the language of the remaining claims.

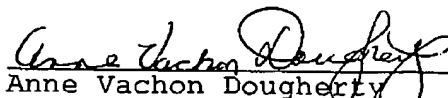
Applicants further submit the general statement that the present claims refer to information sent on broadcast channels. Clearly, given the requirement of patient privacy, it cannot be concluded that Ballantyne was teaching or suggesting that patient medical records be transmitted along broadcast channels.

Based on the foregoing amendments and remarks, Applicants respectfully request entry of the amendments, reconsideration of the objections and rejections, withdrawal of the 102 anticipation rejections based on Ballantyne, and issuance of the claims.

Respectfully submitted,

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CH919990045

-21-